



WASHINGTON MILITARY DEPARTMENT Personal History and Background Questionnaire for Security Guard Positions

Instructions: Answer all questions. Type, write, or print legibly in ink. If an item does not apply, enter "DNA." If more space is required, attach as many 8 1/2" X 11" sheets of white paper as necessary. Number each comment/answer documented on the attached page(s), more than one comment/answer may be placed on a page.

1. Personal Data				
Print Name (First, Middle, Last):		Social Security Number		Date
Other Names you have been known by, including marriage, maiden or nickname				
Mailing Address			Home Phone ()	
City, State, Zip			Work Phone ()	
Residence Address (only if different)			Cell Phone ()	
City, State, Zip			Height	Weight
			Hair Color	Eye Color
Date of Birth	Place of Birth	U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Scars, Tattoos, or other distinguishing marks				
2. References (List 5 individuals as references who have knowledge of you and your personal qualifications. Do not list relatives, former or present employers, or school teachers)				
Name and Relationship	Address (Include City, State, and Zip Code)		Telephone	
1			Home ()	
			Work ()	
2			Home ()	
			Work ()	
3			Home ()	
			Work ()	
4			Home ()	
			Work ()	
5			Home ()	
			Work ()	

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3. Residences (Begin with most current and list all residences for the last 10 years)

Address	From	To	Landlord/manager
1			Mgr Name
			Mgr Phone # ()
2			Mgr Name
			Mgr Phone # ()
3			Mgr Name
			Mgr Phone # ()
4			Mgr Name
			Mgr Phone # ()
5			Mgr Name
			Mgr Phone # ()
6			Mgr Name
			Mgr Phone # ()
7			Mgr Name
			Mgr Phone # ()

4. Education

Name/Address of School (Include City & State)	Dates		Name/Description Of Course Pursued	Grad		# Credits	Degree, Diploma or Cert.
	From Mo/Yr	To Mo/Yr		Yes	No		
Misc. Professional, Trade, Vocational, Business				<input type="checkbox"/>	<input type="checkbox"/>		
Graduate School				<input type="checkbox"/>	<input type="checkbox"/>		
Colleges/Universities				<input type="checkbox"/>	<input type="checkbox"/>		
High School				<input type="checkbox"/>	<input type="checkbox"/>		

4. Education (Continued)

Name/Address of School (Include City & State)	Dates		Name/Description Of Course Pursued	Grad		# Units	Degree, Diploma or Cert.
	From Mo/Yr	To Mo/Yr		Yes	No		
High School				<input type="checkbox"/>	<input type="checkbox"/>		
GED From				<input type="checkbox"/>	<input type="checkbox"/>		
Junior High School (Middle School)				<input type="checkbox"/>	<input type="checkbox"/>		

Have you ever been dismissed or suspended from any school? ☐ YES ☐ NO If yes, explain:

5. Experience and Employment

- Do you have any concerns about your current employer being contacted during the course of the background investigation?
☐ YES ☐ NO If yes, explain:

- Have you EVER had any extended work absences (including those as a result of discipline/ suspensions, or any leave of absence, etc.?)
☐ YES ☐ NO If yes, explain:

- Have you EVER been fired or asked to resign from any place of employment?
☐ YES ☐ NO If yes, explain:

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List all jobs held in the last 10 years, include part-time, full-time, temporary, voluntary, and individual military assignment. Also, list all time on unemployment insurance including dates, amount paid to you and the office through which you applied. Begin with your current job and account for all gaps of time while you have been between jobs.

5. Experience and Employment (Continued)			
From	To	Name of Business	Supervisor
Salary/Wage		Address	Co-Worker
<input type="checkbox"/> Full-Time <input type="checkbox"/> Other:		City, State, Zip	Co-Worker
<input type="checkbox"/> Part-Time		Telephone	Co-Worker
<input type="checkbox"/> Voluntary			
Title and Duties			
Reason for Leaving			

From	To	Name of Business	Supervisor
Salary/Wage		Address	Co-Worker
<input type="checkbox"/> Full-Time <input type="checkbox"/> Other:		City, State, Zip	Co-Worker
<input type="checkbox"/> Part-Time		Telephone	Co-Worker
<input type="checkbox"/> Voluntary			
Title and Duties			
Reason for Leaving			

From	To	Name of Business	Supervisor
Salary/Wage		Address	Co-Worker
<input type="checkbox"/> Full-Time <input type="checkbox"/> Other:		City, State, Zip	Co-Worker
<input type="checkbox"/> Part-Time		Telephone	Co-Worker
<input type="checkbox"/> Voluntary			
Title and Duties			
Reason for Leaving			

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5. Experience and Employment (Continued)

From	To	Name of Business	Supervisor
Salary/Wage		Address	Co-Worker
<input type="checkbox"/> Full-Time <input type="checkbox"/> Other:		City, State, Zip	Co-Worker
<input type="checkbox"/> Part-Time		Telephone	Co-Worker
<input type="checkbox"/> Voluntary			
Title and Duties			
Reason for Leaving			

From	To	Name of Business	Supervisor
Salary/Wage		Address	Co-Worker
<input type="checkbox"/> Full-Time <input type="checkbox"/> Other:		City, State, Zip	Co-Worker
<input type="checkbox"/> Part-Time		Telephone	Co-Worker
<input type="checkbox"/> Voluntary			
Title and Duties			
Reason for Leaving			

From	To	Name of Business	Supervisor
Salary/Wage		Address	Co-Worker
<input type="checkbox"/> Full-Time <input type="checkbox"/> Other:		City, State, Zip	Co-Worker
<input type="checkbox"/> Part-Time		Telephone	Co-Worker
<input type="checkbox"/> Voluntary			
Title and Duties			
Reason for Leaving			

6. Military Service

1. Have you ever served in the U.S. armed forces, National Guard, or military reserves?

☐ YES ☐ NO If yes, please supply the following information

Branch of Service	Service Number
Dates of Service FROM: TO:	Type of Discharge

2. If you are a male born after 1/1/60, you are required to register for the selective service. Are you registered?

☐ YES ☐ NO If yes, please supply the following information

Registration Number	Classification
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3. Are you currently participating in any U.S. armed forces, National Guard, or military reserves Program?

☐ YES ☐ NO

4. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the U.S. armed forces, National Guard, or military reserves?

☐ YES ☐ NO If yes, please give details (include branch of service, when , where, circumstances)

5. Have you ever had a clearance denied, suspended or revoked?

☐ YES ☐ NO If yes, please explain

6. Were you ever confined to a brig, jail, confinement facility or guard house?

☐ YES ☐ NO If yes, please explain

7. We you ever AWOL?

☐ YES ☐ NO If yes, please explain

8. Were you ever given "company punishment," or have you received counseling statements?

☐ YES ☐ NO If yes, please explain

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6. Military Service

9. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Address (Include City, State, and Zip Code)	Telephone	Years Known (From/to) M/YY	
1		Home ()		
		Work ()		
2		Home ()		
		Work ()		
3		Home ()		
		Work ()		
4		Home ()		
		Work ()		

7. Financial

The character of Security Personnel is continually being challenged because public scrutiny is particularly intense for armed uniformed personnel. Applicants seeking employment with the Washington Military Department as Security Guards must possess exemplary background and personal history. The management of personal finances is relevant to an individual's qualifications for the position. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income	
Monthly Salary.....	\$
Spouse's Salary.....	\$
<i>List All Other Sources of Monthly Income</i>	
	\$
	\$
	\$
	\$
	\$
	\$
Total Monthly Income	\$

Current Monthly Expenditures	
Real Estate (mortgage) payment(s).....	\$
Rent.....	\$
Auto Loan(s).....	\$
Charge Accounts(s).....	\$
Other Monthly Payments:	\$
	\$
	\$
	\$
Monthly Cost of Living (Include utilities/food/gas/home/car maintenance/entertainment/childcare)	\$
Total Monthly Expenditures	\$

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7. Financial (Continued)

Current Liabilities	
Real Estate Loan	\$
Auto Loan (s).....	\$
Charge Accounts(s).....	\$
Other Liabilities/Loans:	
	\$
	\$
	\$
	\$
Total Monthly Expenditures	\$

- If you answered "YES" to any of the above questions, give details (include when, where, why, firms involved, circumstances)

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8. Legal

1. Have you ever been arrested or convicted of any crime, either as an adult or a juvenile? (Include any felonies, misdemeanors, or criminal traffic offenses such as driving while intoxicated, no valid operator's license, driving while license suspended, reckless driving, negligent driving, and hit and run.)

Date	Law Enforcement Agency ()
Circumstances	

Date	Law Enforcement Agency ()
Circumstances	

Date	Law Enforcement Agency ()
Circumstances	

2. Have you ever been placed on diversion, court probation, or deferred prosecution?
☐ YES ☐ NO If yes, please give details (include when, where, why).

3. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?
☐ YES ☐ NO If yes, please give details (include when, where, name and location of court, and circumstances).

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4. Were you ever in serious trouble as a juvenile?
☐ YES ☐ NO If yes, please give details (include when, where, and why).
5. Aside from a marriage dissolution, are you now or have you ever been involved as a plaintiff or defendant in any civil action?
☐ YES ☐ NO If yes, please give details (include when, where, name and location of court, circumstances).
6. Have you ever been involved in an incident or occurrence of domestic violence, whether reported or not?
☐ YES ☐ NO If yes, please explain each incident.
7. Have you ever applied for and been issued or been denied, a gun permit, private security guard's license, etc.
☐ YES ☐ NO If yes, list the date(s) of application, the agency issuing, and the date of issuance/reason for denial.

9. Personal Habits

1. Have you ever used, possessed, purchased, or experimented with:

		Number of Times	Last Time Used (Month/Year)	Age at Time of Use
Marijuana	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Hashish	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Amphetamines	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Methamphetamine	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Barbiturates "Downers"	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Valium (other than prescribed)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Pain Killers (other than prescribed)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Cocaine	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Crack	<input type="checkbox"/> YES <input type="checkbox"/> NO			
LSD "Acid"	<input type="checkbox"/> YES <input type="checkbox"/> NO			
PCP "Angel Dust"	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Inhalants "Huffing"	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Hallucinogenic Mushrooms	<input type="checkbox"/> YES <input type="checkbox"/> NO			
"Designer" type drugs (STP, Ecstasy)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Steroids (other than prescribed)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Drugs not prescribed for you (diet pills, pain killers, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other (describe):	<input type="checkbox"/> YES <input type="checkbox"/> NO			

2. Have you ever sold or manufactured controlled substances?

☐ YES ☐ NO If yes, please explain (include dates)

3. Within the last five years, have you ever been with other persons who were using marijuana or other illegal substances, even though you were not participating?

☐ YES ☐ NO If yes, please explain (include dates)

9. Personal Habits (Continued)

4. Describe in your own words the frequency and extent of your use of intoxicating liquors.
- _____
- _____
- _____
5. Have you ever been with others when they were involved in illegal activities, even though you did not participate?
☐ YES ☐ NO If yes, explain in section below.
6. Have you ever committed a sexual act for which you could have been arrested?
☐ YES ☐ NO If yes, explain in section below.
7. Do you advocate or are you a member of any party or organizational, political or otherwise, that advocated the overthrow of the government of the United States or the State of Washington by force or violence or other unlawful means?
☐ YES ☐ NO If yes, give the name of the organization or party of which you are a member in the section below.
8. Have you ever refused to take an oath to support the constitution of the United States and the constitution of the State of Washington?
☐ YES ☐ NO If yes, explain in section below.
9. Are you willing to take an oath to support the constitution of the Unites States and the constitution of the State of Washington?
☐ YES ☐ NO If no, explain in section below.

Explanation Section

9. Personal Habits (Continued)

10. If it became necessary to take a human life in the course of your duties as an armed security officer, would any personal beliefs prevent you from doing so? ☐ YES ☐ NO If yes, please explain

11. Do you have any beliefs which would preclude you from using physical force to the extent of causing bodily harm if the circumstances so dictated? ☐ YES ☐ NO If yes, please explain

12. Do you have any beliefs which would prevent you from fully performing the duties assigned you, including working weekends; holidays; evenings, split, or night shifts and wearing the assigned uniform? ☐ YES ☐ NO If yes, please explain

10. Motor Vehicle Operation

1. Current license to operate a motor vehicle.

Driver's License #	Expiration Date	Endorsement/CDL	Name License was granted in	State Issuing

2. List other states where you have been licensed to operate a motor vehicle.

Driver's License #	Expiration Date	Endorsement/CDL	Name License was granted in	State Issuing
Driver's License #	Expiration Date	Endorsement/CDL	Name License was granted in	State Issuing

3. Have you ever been refused a driver's license, had one revoked, suspended, or denied?

☐ YES ☐ NO If yes, please explain what state, by what agency, when, and why?

Automobile Liability Insurance Company	Date of Expiration	Name of primary policy holder
Agent Name	Agent Address	Phone Number ()

11. Self –Assessment Section

All applicants are encouraged to do a self assessment of eligibility prior to completing their application packet. Inability to meet the standards below will disqualify you from consideration for an armed security guard position. If, however, you believe that you can provide an explanation that justifies a special review of your circumstances, you must attach a letter to this Personal History Statement requesting waiver of the Washington Military Departments standards. You will be asked to verify your responses through a polygraph examination. **UNTRUTHFUL RESPONSES WILL RESULT IN YOUR DISQUALIFICATION**

- Drug possession beyond the standards listed below. "Possession" is defined as control, touching, holding, selling or trafficking (transportation for sale) any illegal (non-prescribed) drug.
 - No possession of marijuana/hashish within the last 3 years. No possession of other illegal drugs within 10 years.
 - No possession of marijuana/harnish over 15 times, regardless of time frame. No possession in the last 3 years.
 - No combined possession of non-prescribed stimulants (amphetamine/methamphetamine) over 3 times. Stimulants include speed, retalin, crank, crystal, ice, etc. No possession in last 10 years.

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- No injection of amphetamines, methamphetamines, cocaine, heroin, barbiturates, valium, or clandestine crank.
- No combined possession of hallucinogenic drugs (LSD, PCP, hallucinogenic mushrooms, etc.) over 3 times. No possession within last 10 years.
- No possession of non-prescribed opiates/narcotics (heroin, morphine, etc).
- No possession of cocaine over 3 times. No possession within the last 10 years.
- No selling, offering to sell, or transporting for sale of any illegal drugs/narcotics, regardless of time frame.
- No possession of non-prescribed drugs while employed or after having been employed in a commissioned capacity by a law enforcement agency, regardless of time frame, (including a military position with law enforcement powers).
- No possession on anabolic steroids within the last 3 years.

- ## 12. Summary

- ☐ YES ☐ NO If yes, please give details

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Certificate of Applicant

(Read Carefully Before Signing)

It is your responsibility, not the background investigator's, to obtain accurate dates, addresses, phone numbers, zip codes, etc. Failure on your part to do so, will delay your employment screening and may remove you from consideration for employment

I hereby certify that all statements in this application are true. I agree and understand that any misstatements or omissions of material facts will be cause for denial of employment or immediate termination regardless of when or how discovered. I have read and understand the above statements.

Name (Print)_____

Signature _____ Date _____